

California Portable Classroom Study: Facilities Questionnaire

Dear Facility Manager,

Thank you for participating in the California Portable Classrooms Study. Your support is critical to the success of obtaining useful statewide results. Results from this study will be used to identify potential environmental problems, determine if and to what extent they occur, and make recommendations to resolve current and future problems.

The following questionnaire is designed to be completed by the school's facility manager, who may be in the district office. The district facility manager has been notified that he/she may need to assist the schools in completing the questionnaire. Section B of the questionnaire asks about the school site as a whole, whereas Section C asks about the three sample classrooms. Before completing this questionnaire, please review the instructions below. To fill in boxes, use a black ink pen or the enclosed #2 pencil to apply dark marks to the questionnaire boxes. Please do not fold this questionnaire.

After you have finished the questionnaire, please seal it in the white envelope and return it and a copy of the school site map to the study coordinator. If you have any questions about the questionnaire, please call Mr. Michael Phillips, the RTI Survey Manager, at 1-800-334-8571, Ext. 6276. Call before 2:00 pm Pacific time or leave a voice mail message.

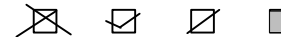
FILLING IN BOXES:

It is important that you completely fill in (or make a dark X in) the boxes next to your answers and print clearly. Listed to the right are examples of correct and incorrect ways to mark your answers.

Correct Mark (Dark and thick)



Incorrect Marks (Light and thin)



PRINTING NUMBERS IN BOXES:

Print one number per box. Listed to the right are examples of correct and incorrect ways to print text into the boxes. The numbers should be printed with solid connected lines and should not touch or cross any of the box lines. Do not cross zeroes or sevens.

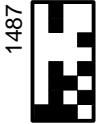
Write digits like this:

1	2	3	4	5	6	7	8	9	0
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Do not write digits like this:

1	2	3	4	5	6	7	8	9	0
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California Portable Classroom Study: Facilities Questionnaire



Section A. Respondent Information

Please fill in today's date (mm-dd-yy)

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

1. Your job category: ☐ facilities manager ☐ assistant manager ☐ maintenance staff ☐ custodial staff ☐ administrative staff ☐ other
2. Your work location is: ☐ district-wide ☐ at this school only ☐ at several sites
3. Years you have worked at this school (in years): ☐ 1 ☐ 2-5 ☐ 6+
4. May we contact you later to verify or clarify your responses, if necessary? ☐ Yes ☐ No
5. If Yes, please enter the following: Phone number - -
E-mail address: _____

B. School Site Characteristics and Maintenance Practices (Fill in all that apply for the entire site)

School Site

6. Year of the school's original construction:
7. Total number of classrooms at this site: Portable- relocatable Permanent- traditional
8. Building density near the school: ☐ Urban ☐ Suburban ☐ Rural
9. Nearby areas or typical activities (within 1/4 mile) : **(Mark all that apply)**

Roadways:	<input type="checkbox"/> busy intersection(s)	<input type="checkbox"/> congested streets	<input type="checkbox"/> freeways	<input type="checkbox"/> dirt or gravel roads	<input type="checkbox"/> serpentine road cover	<input type="checkbox"/> none
Commercial:	<input type="checkbox"/> service stations	<input type="checkbox"/> heavy industrial	<input type="checkbox"/> light industrial	<input type="checkbox"/> truck route or depot	<input type="checkbox"/> rail route or depot	<input type="checkbox"/> none
Agriculture:	<input type="checkbox"/> livestock	<input type="checkbox"/> row crops	<input type="checkbox"/> orchards	<input type="checkbox"/> open fields with exposed soil	<input type="checkbox"/> none	
Diesel engines:	<input type="checkbox"/> school buses	<input type="checkbox"/> transit buses	<input type="checkbox"/> trucks	<input type="checkbox"/> trains	<input type="checkbox"/> farm equipment	<input type="checkbox"/> generators <input type="checkbox"/> none
Waste facilities:	<input type="checkbox"/> sewage treatment	<input type="checkbox"/> municipal waste	<input type="checkbox"/> composting	<input type="checkbox"/> recycling	<input type="checkbox"/> none	

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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HVAC Maintenance:

10. HVAC maintenance done by: **(Mark all that apply)**

☐ school staff ☐ district staff ☐ contractor ☐ none ☐ don't know ☐ not applicable

11. Where are maintenance logs for HVAC kept? **(Mark all that apply)**

☐ not kept ☐ on equipment ☐ paper files ☐ computer ☐ contractor ☐ other ☐ don't know

12. Typical thermostat setting during classes (degrees F): Heating

Cooling

13. Are thermostats usually set back or shut down? **(Mark all that apply)**

☐ never ☐ nights ☐ weekends ☐ holidays ☐ summer vacation ☐ don't know ☐ not applicable

14. Daily start time of system on school days: ☐ when first class starts ☐ when teacher arrives ☐ 1-2 hours before classes start

☐ don't know ☐ not applicable

15. Regular inspection and maintenance: ☐ Yes ☐ No ☐ not applicable

—> If Yes, how frequently are the following items inspected and maintained (check one)?

Outdoor air damper setting: ☐ monthly ☐ quarterly ☐ annually ☐ more than annually ☐ never ☐ don't know ☐ not applicable

Coils cleaned: ☐ monthly ☐ quarterly ☐ annually ☐ more than annually ☐ never ☐ don't know ☐ not applicable

Condensate pan and drain: ☐ monthly ☐ quarterly ☐ annually ☐ more than annually ☐ never ☐ don't know ☐ not applicable

HVAC filter replaced: ☐ monthly ☐ quarterly ☐ annually ☐ more than annually ☐ never ☐ don't know ☐ not applicable

Heat exchanger checked: ☐ monthly ☐ quarterly ☐ annually ☐ more than annually ☐ never ☐ don't know ☐ not applicable

Other Maintenance Practices:

16. Frequency of usual custodial services for classrooms:

Trash removed: ☐ 5 days per week ☐ 3-4 days per week ☐ 1-2 days per week ☐ 1-2 per month ☐ <1 per month

Vacuumed, swept, and dusted: ☐ 5 days per week ☐ 3-4 days per week ☐ 1-2 days per week ☐ 1-2 per month ☐ <1 per month

Carpets steam- or dry-cleaned: ☐ quarterly ☐ annually ☐ >annually ☐ don't know ☐ not applicable

17. General building maintenance and repairs are done by: **(Mark all that apply)**

☐ school staff ☐ district staff ☐ contractor ☐ none ☐ don't know

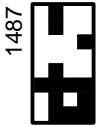
18. Number of building maintenance staff assigned to the school (full-time school or contract personnel):

☐ <1 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

19. Are you aware of the U.S. EPA's IAQ Tools for Schools Program?

☐ Yes ☐ No —> If Yes, does your school use their kit? ☐ Yes ☐ No ☐ don't know

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Pesticides Practices:

(For Questions 20 -23, mark all that apply)

20. Types of pesticides used at the school: ☐ lawn care ☐ crack & crevice ☐ spray can ☐ other ☐ none ☐ don't know
21. Regularly scheduled applications: ☐ lawn care ☐ crack & crevice ☐ spray can ☐ other ☐ none ☐ don't know
22. Routine applications done by: ☐ School staff ☐ District staff ☐ Pest control contractor ☐ none ☐ don't know
23. Usual frequency of classroom applications: ☐ weekly ☐ monthly ☐ quarterly ☐ annually
☐ every 2 years or more ☐ don't know ☐ not applicable
24. Have you implemented an Integrated Pest Management (IPM) program at this site?: ☐ Yes ☐ No ☐ don't know

Environmental Complaints

25. In the last year, have major complaints of environmental conditions been made for any classroom at this site? ☐ Yes ☐ No ☐ don't know
 —> If Yes, please check a number category below, for both portable and permanent classrooms:

<u>Type of Complaint</u>	<u>Number of Portable - Relocatable Classrooms</u>					<u>Number of Permanent -Traditional Classrooms</u>				
Roof leak	<input type="checkbox"/> none	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5-9	<input type="checkbox"/> 10+	<input type="checkbox"/> none	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5-9	<input type="checkbox"/> 10+
Plumbing leak or flood	<input type="checkbox"/> none	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5-9	<input type="checkbox"/> 10+	<input type="checkbox"/> none	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5-9	<input type="checkbox"/> 10+
Air quality/odor	<input type="checkbox"/> none	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5-9	<input type="checkbox"/> 10+	<input type="checkbox"/> none	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5-9	<input type="checkbox"/> 10+
Mold	<input type="checkbox"/> none	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5-9	<input type="checkbox"/> 10+	<input type="checkbox"/> none	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5-9	<input type="checkbox"/> 10+
Temperature	<input type="checkbox"/> none	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5-9	<input type="checkbox"/> 10+	<input type="checkbox"/> none	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5-9	<input type="checkbox"/> 10+
Noise	<input type="checkbox"/> none	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5-9	<input type="checkbox"/> 10+	<input type="checkbox"/> none	<input type="checkbox"/> 1	<input type="checkbox"/> 2-4	<input type="checkbox"/> 5-9	<input type="checkbox"/> 10+

26. Who responds to environmental complaints or concerns in the school's buildings?: (**Mark all that apply**)
- ☐ district maintenance staff ☐ district health & safety staff ☐ district risk management staff
- ☐ school nurse ☐ outside consultant (industrial hygienist) ☐ other ☐ none ☐ don't know

PROCEED TO SECTION C, QUESTIONS FOR CLASSROOMS A, B, AND C —>

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C. Classroom Description (Fill in all that apply for each selected Room A, B, and C.)

Note: DK= don't know and NA= not applicable.

Please fill in the room numbers/names:

Room A

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Building Characteristics:

27. Portable or relocatable classroom:

☐ Yes ☐ No

→ If Yes, name of manufacturer

_____ ☐ DK

→ Type of portable?

☐ DSA ☐ DOH ☐ DK

→ Number of times relocated in the last 3 years?

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28. Date of construction or manufacture (approximate year)

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29. Major renovations or additions:

(Mark all that apply)

☐ addition ☐ roof

☐ lighting ☐ floor

☐ HVAC ☐ wall

30. Major remediations:

(Mark all that apply)

☐ asbestos ☐ mold

☐ lead ☐ other

31. Classroom size (square feet):

☐ <600 ☐ 600-1100

☐ 1101-2000 ☐ >2000

32. Number of classrooms in the building:

☐ 1 ☐ 2 ☐ 3-5

☐ 6-9 ☐ 10 or more

Room B

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☐ Yes ☐ No

_____ ☐ DK

☐ DSA ☐ DOH ☐ DK

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--	--	--	--

☐ addition ☐ roof

☐ lighting ☐ floor

☐ HVAC ☐ wall

☐ asbestos ☐ mold

☐ lead ☐ other

☐ <600 ☐ 600-1100

☐ 1101-2000 ☐ >2000

☐ 1 ☐ 2 ☐ 3-5

☐ 6-9 ☐ 10 or more

Room C

--	--	--	--	--

☐ Yes ☐ No

_____ ☐ DK

☐ DSA ☐ DOH ☐ DK

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☐ addition ☐ roof

☐ lighting ☐ floor

☐ HVAC ☐ wall

☐ asbestos ☐ mold

☐ lead ☐ other

☐ <600 ☐ 600-1100

☐ 1101-2000 ☐ >2000

☐ 1 ☐ 2 ☐ 3-5

☐ 6-9 ☐ 10 or more

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California Portable Classroom Study: Facilities Questionnaire

Room A

Room B

Room C



33. Floor level of this classroom
☐ below grade ☐ ground
☐ 2nd story ☐ 3rd story or more

34. Type of building foundation
☐ below grade
☐ slab on grade
☐ raised floor

→ If Raised Floor, type of ground cover:
(Mark all that apply)
☐ dirt ☐ gravel ☐ plastic
☐ concrete or asphalt ☐ other

→ If Raised Floor, inches above ground :
☐ <6 ☐ 6-11
☐ 12-17 ☐ 18 or more

35. Roof last replaced (in years):
☐ 1-4 ☐ 5-9
☐ 10-19 ☐ 20 or more
☐ DK

36. Type of roof
☐ membrane
☐ composite shingle or roll
☐ shake ☐ metal
☐ tar and gravel ☐ other

37. Roof pitch ☐ flat ☐ sloped ☐ both

38. Suspended ceilings: ☐ Yes ☐ No

☐ below grade ☐ ground
☐ 2nd story ☐ 3rd story or more

☐ below grade
☐ slab on grade
☐ raised floor

☐ dirt ☐ gravel ☐ plastic
☐ concrete or asphalt ☐ other

☐ <6 ☐ 6-11
☐ 12-17 ☐ 18 or more

☐ 1-4 ☐ 5-9
☐ 10-19 ☐ 20 or more
☐ DK

☐ membrane
☐ composite shingle or roll
☐ shake ☐ metal
☐ tar and gravel ☐ other

☐ flat ☐ sloped ☐ both

☐ Yes ☐ No

☐ below grade ☐ ground
☐ 2nd story ☐ 3rd story or more

☐ below grade
☐ slab on grade
☐ raised floor

☐ dirt ☐ gravel ☐ plastic
☐ concrete or asphalt ☐ other

☐ <6 ☐ 6-11
☐ 12-17 ☐ 18 or more

☐ 1-4 ☐ 5-9
☐ 10-19 ☐ 20 or more
☐ DK

☐ membrane
☐ composite shingle or roll
☐ shake ☐ metal
☐ tar and gravel ☐ other

☐ flat ☐ sloped ☐ both

☐ Yes ☐ No

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California Portable Classroom Study: Facilities Questionnaire

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Room A

Room B

Room C

39. Are any of these within 50 feet of the classroom?
(Mark all that apply)

- ☐ parking lot or roadway
☐ loading dock ☐ art room
☐ flue exhaust ☐ shop
☐ dumpster ☐ cafeteria
☐ custodial room ☐ science lab
☐ bathroom

- ☐ parking lot or roadway
☐ loading dock ☐ art room
☐ flue exhaust ☐ shop
☐ dumpster ☐ cafeteria
☐ custodial room ☐ science lab
☐ bathroom

- ☐ parking lot or roadway
☐ loading dock ☐ art room
☐ flue exhaust ☐ shop
☐ dumpster ☐ cafeteria
☐ custodial room ☐ science lab
☐ bathroom

40. Peeling paint?

- ☐ inside ☐ outside ☐ none

- ☐ inside ☐ outside ☐ none

- ☐ inside ☐ outside ☐ none

HVAC Characteristics

41. Packaged HVAC unit

- ☐ Yes ☐ No ☐ DK ☐ NA

- ☐ Yes ☐ No ☐ DK ☐ NA

- ☐ Yes ☐ No ☐ DK ☐ NA

42. Location of main air handler unit (AHU)

- ☐ floor ☐ wall ☐ roof
☐ other ☐ DK ☐ NA

- ☐ floor ☐ wall ☐ roof
☐ other ☐ DK ☐ NA

- ☐ floor ☐ wall ☐ roof
☐ other ☐ DK ☐ NA

43. Type of main heating system:

- ☐ forced air ☐ radiant ☐ solar
☐ other ☐ DK ☐ NA

- ☐ forced air ☐ radiant ☐ solar
☐ other ☐ DK ☐ NA

- ☐ forced air ☐ radiant ☐ solar
☐ other ☐ DK ☐ NA

44. Heating fuel or energy type:

- ☐ electric ☐ gas ☐ solar
☐ other ☐ DK ☐ NA

- ☐ electric ☐ gas ☐ solar
☐ other ☐ DK ☐ NA

- ☐ electric ☐ gas ☐ solar
☐ other ☐ DK ☐ NA

California Portable Classroom Study: Facilities Questionnaire

Room A

Room B

Room C



45. Type of main cooling system:
- ☐ central AC ☐ window AC ☐ swamp
☐ other ☐ DK ☐ NA
46. Mode of supply fan operation
- ☐ Auto (only when heating or cooling)
☐ Always on ☐ Always off
☐ Other ☐ DK ☐ NA
47. Economizer
- ☐ Yes ☐ No ☐ DK ☐ NA
48. Minimum setting of outdoor air damper (%):
- %
☐ don't know
49. Type of return vents:
(Mark all that apply)
- ☐ open plenum ☐ ducted
☐ other ☐ DK ☐ NA
50. Filter type:
(Mark all that apply)
- ☐ fiberglass mesh ☐ pleated
☐ high efficiency
☐ other ☐ DK ☐ NA
51. Type of supply ductwork:
(Mark all that apply)
- ☐ flexible ☐ sheet metal
☐ other ☐ DK ☐ NA
52. Thermostat control by:
- ☐ maintenance staff ☐ teacher
☐ central energy management system
☐ other ☐ DK ☐ NA

- ☐ central AC ☐ window AC ☐ swamp
☐ other ☐ DK ☐ NA
- ☐ Auto (only when heating or cooling)
☐ Always on ☐ Always off
☐ Other ☐ DK ☐ NA
- ☐ Yes ☐ No ☐ DK ☐ NA
- %
☐ don't know
- ☐ open plenum ☐ ducted
☐ other ☐ DK ☐ NA
- ☐ fiberglass mesh ☐ pleated
☐ high efficiency
☐ other ☐ DK ☐ NA
- ☐ flexible ☐ sheet metal
☐ other ☐ DK ☐ NA
- ☐ maintenance staff ☐ teacher
☐ central energy management system
☐ other ☐ DK ☐ NA

- ☐ central AC ☐ window AC ☐ swamp
☐ other ☐ DK ☐ NA
- ☐ Auto (only when heating or cooling)
☐ Always on ☐ Always off
☐ Other ☐ DK ☐ NA
- ☐ Yes ☐ No ☐ DK ☐ NA
- %
☐ don't know
- ☐ open plenum ☐ ducted
☐ other ☐ DK ☐ NA
- ☐ fiberglass mesh ☐ pleated
☐ high efficiency
☐ other ☐ DK ☐ NA
- ☐ flexible ☐ sheet metal
☐ other ☐ DK ☐ NA
- ☐ maintenance staff ☐ teacher
☐ central energy management system
☐ other ☐ DK ☐ NA

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California Portable Classroom Study: Facilities Questionnaire

Room A

Room B

Room C



Auxiliary Equipment

53. Space heater(s):
(Mark all that apply)

- ☐ electric ☐ gas ☐ propane
☐ kerosene ☐ wood ☐ other
☐ none

- ☐ electric ☐ gas ☐ propane
☐ kerosene ☐ wood ☐ other
☐ none

- ☐ electric ☐ gas ☐ propane
☐ kerosene ☐ wood ☐ other
☐ none

54. Humidity control

- ☐ humidifier ☐ dehumidifier ☐ NA

- ☐ humidifier ☐ dehumidifier ☐ NA

- ☐ humidifier ☐ dehumidifier ☐ NA

55. Fans
(Mark all that apply)

- ☐ ceiling ☐ window
☐ lab or range hood ☐ other
☐ DK ☐ none

- ☐ ceiling ☐ window
☐ lab or range hood ☐ other
☐ DK ☐ none

- ☐ ceiling ☐ window
☐ lab or range hood ☐ other
☐ DK ☐ none

Water and Moisture

56. Type of flooding or leaks
(in the last 3 years):
(Mark all that apply)

- ☐ roof leak ☐ plumbing leak
☐ ground level ☐ other
☐ DK ☐ none

- ☐ roof leak ☐ plumbing leak
☐ ground level ☐ other
☐ DK ☐ none

- ☐ roof leak ☐ plumbing leak
☐ ground level ☐ other
☐ DK ☐ none

57. Visible signs of mold growth
(in the last 3 years):
(Mark all that apply)

- ☐ window ☐ wall
☐ carpet ☐ ceiling
☐ classroom item ☐ furniture
☐ cabinet ☐ other
☐ DK ☐ none

- ☐ window ☐ wall
☐ carpet ☐ ceiling
☐ classroom item ☐ furniture
☐ cabinet ☐ other
☐ DK ☐ none

- ☐ window ☐ wall
☐ carpet ☐ ceiling
☐ classroom item ☐ furniture
☐ cabinet ☐ other
☐ DK ☐ none

58. Lawn sprinklers spray the
outside wall

- ☐ Yes ☐ No ☐ DK

- ☐ Yes ☐ No ☐ DK

- ☐ Yes ☐ No ☐ DK

59. Standing water within 50
feet of the building?

- ☐ never ☐ occassionally
☐ frequently ☐ DK

- ☐ never ☐ occassionally
☐ frequently ☐ DK

- ☐ never ☐ occassionally
☐ frequently ☐ DK

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California Portable Classroom Study: Facilities Questionnaire

Room A

Room B

Room C

Other Room Characteristics

Mark if the room had any of the following in the last year.

60. New pressed wood-products: ☐ bookcases or cabinets
☐ tack boards ☐ desks
☐ chairs ☐ DK ☐ none

- ☐ bookcases or cabinets
☐ tack boards ☐ desks
☐ chairs ☐ DK ☐ none

- ☐ bookcases or cabinets
☐ tack boards ☐ desks
☐ chairs ☐ DK ☐ none

61. Painting, caulking or sealing: ☐ Yes ☐ No ☐ DK

- ☐ Yes ☐ No ☐ DK

- ☐ Yes ☐ No ☐ DK

62. New floor covering: ☐ carpet ☐ linoleum ☐ vinyl
☐ rubber ☐ wood ☐ other
☐ DK

- ☐ carpet ☐ linoleum ☐ vinyl
☐ rubber ☐ wood ☐ other
☐ DK

- ☐ carpet ☐ linoleum ☐ vinyl
☐ rubber ☐ wood ☐ other
☐ DK

63. Pesticides used in classroom: ☐ crack & crevice ☐ fumigation
☐ bomb ☐ spray can ☐ traps
☐ powder, pellet ☐ other ☐ DK
☐ none

- ☐ crack & crevice ☐ fumigation
☐ bomb ☐ spray can ☐ traps
☐ powder, pellet ☐ other ☐ DK
☐ none

- ☐ crack & crevice ☐ fumigation
☐ bomb ☐ spray can ☐ traps
☐ powder, pellet ☐ other ☐ DK
☐ none

Lighting Fixtures

64. Type of light bulbs: ☐ T8 fluorescent ☐ T12 fluorescent
(Mark all that apply) ☐ incandescent ☐ DK
☐ none

- ☐ T8 fluorescent ☐ T12 fluorescent
☐ incandescent ☐ DK
☐ none

- ☐ T8 fluorescent ☐ T12 fluorescent
☐ incandescent ☐ DK
☐ none

Comments: If you have any comments on site and classroom conditions, or on this study, please respond below.



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